

CLAIMANT'S NAME Patrick W. Henning							SSAN OR EMPLOYEE NUMBER*			DEPARTMENT EDD				
POSITION Director				BARGAINING UNIT Exempt			DIVISION OR BUREAU Director's Office				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE			
RESIDENCE ADDRESS*							HEADQUARTERS ADDRESS				TELEPHONE NUMBER			
CITY			STATE		ZIP CODE		CITY			STATE		ZIP CODE		
(1) MONTH/YEAR Sep 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7)	TRANSPORTATION			(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) Date	Time				(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING		(D) PRIVATE CAR USE Miles Amount					
9/7	0400	Sacramento-Wash DC			6.00	10.00	18.00		422.40	cab	10.00		40.00	506.400
		Wash Court Hotel		170.00										170.000
		Hotel Tax		24.65										24.650
9/8		Washington DC			6.00	10.00	18.00	6.00		R	2.15			42.150
		Wash Court Hotel		269.00										269.000
		Hotel Tax		39.01										39.010
9/9		Washington DC			6.00	10.00	18.00	6.00						40.000
		Wash Court Hotel		289.00										289.000
		Hotel Tax		41.91										41.910
9/10	2330	Wash DC-Sacramento			6.00	10.00	18.00	6.00		pkg cab	45.25		40.00	125.250
(10) SUBTOTALS				833.57	24.00	40.00	72.00	18.00	422.40		57.40		80.00	\$1,547.37
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														\$1,547.37
(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)				(11A) Summary						(12) NORMAL WORK HOURS 0800-1700				
				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only					
Meeting with US Secretary of Labor and staff, members of Congress.				03810	530	1,547.37	000	100		(13) PRIVATE VEHICLE LICENSE n/a				
										(14) MILEAGE RATE CLAIMED \$0.550				
Business expense \$40. luggage charge, 9/7 \$10. cab fare shared (of \$28)										AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER				
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.														
CLAIMANT'S SIGNATURE ▷				DATE			(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▷						DATE	
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse) ▷														DATE